

Port Authority Retiree Association – Q&As

PARA wishes to thank the Port Authority Employee Benefits for providing the information found below. If you have any questions, please contact the Port Authority Employee Benefits is located at:

Port Authority Employee Benefits
4 World Trade Center – 16th Floor
150 Greenwich Street
New York, NY 10007
Tele: 212-435-2870

1. What steps should retirees take to arrange for crossover between United Healthcare and Medicare once they enroll in Medicare?

Upon enrollment in Medicare, please contact United Healthcare at the number on the back of your UHC ID card to obtain the Medicare Crossover Enrollment Form. They can also provide you with forms and instructions on how to fill out the Medicare Crossover form to assist you in coordinating claims payments between United and Medicare. PARA has also recently placed the Crossover form on its website, so you can download it, fill it out and submit it very easily. Once you complete this form and submit it to UHC, Medicare will share the claim information with UHC so coordination can occur.

2. What happens to my spouse's coverage when I enroll in Medicare and he/she is not Medicare eligible?

If your spouse is under 65 and not enrolled in Medicare Social Security Disability Insurance (SSDI), United Healthcare provides coverage for your spouse through the PPO Plan that provides both in network and out of network benefits.

3. How will payment be made by Medicare when a physician (i) accepts Medicare, (ii) accepts Medicare but not the allowable charge, (iii) refuses to participate or opts out of Medicare?

Will United Healthcare (UHC) fully reimburse my physician charges in all circumstances?

Generally there are three different scenarios under which reimbursement will be made:

- (i) The physician agrees to accept the payment Medicare makes as the allowable charge. If a balance is due and owing after deductibles are satisfied, you can submit that balance to UHC for the appropriate percentage payment
- (ii) The physician agrees to participate by treating Medicare patients but does not agree to simply accept the allowable charge. In such a circumstance, Medicare will allow a charge up to 115% of the Medicare allowable charge. If a balance is due and owing after deductibles are satisfied, you can submit that balance to UHC for the appropriate percentage payment.
- (iii) The physician does not participate and opts out of Medicare. The patient is responsible for paying the physician charges up front. The claims can be submitted along with the opt out form signed by the physician and patient to UHC for the appropriate percentage payment.

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Here are examples illustrating the three different scenarios under which calculation of benefits are determined.

| | DOCTOR ACCEPTS MEDICARE ASSIGNMENT | DOCTOR DOES NOT ACCEPT MEDICARE ASSIGNMENT |
|--|---------------------------------------|--|
| DOCTOR'S CHARGE | \$100 | \$100 |
| MEDICARE APPROVED AMOUNT | \$80 | \$80 |
| DOCTOR'S REVISED CHARGE | \$80 | \$92 (limit = 115% of approved amount) |
| MEDICARE PAYMENT (80% of approved amount) | \$64 | \$64 |
| OUTSTANDING BALANCE AFTER MEDICARE PAYMENT | \$16 | \$28 |
| UHC PLAN PAYS 80% OF OUTSTANDING BALANCE | \$12.80 | \$22.40 |
| YOUR RESPONSIBILITY | \$3.20 | \$6.00 |

DOCTOR DOES NOT PARTICIPATE (OPTS OUT) IN MEDICARE

| | |
|--|---|
| DOCTOR'S CHARGE | \$100 |
| UHC APPLIES ESTIMATION OF MEDICARE PART B BENEFIT AT 80% | \$80 |
| OUTSTANDING BALANCE | \$20 |
| UHC PAYS 80% OF OUTSTANDING BALANCE* | \$16 (UHC will only reimburse \$16 of the \$100 charge) |
| YOUR RESPONSIBILITY | \$84 |

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4. Will Medicare cover me if I am otherwise eligible but my spouse is employed and has medical insurance that covers me?

Your coverage from your spouse will be primary and Medicare coverage will be secondary.

5. What is the formula for how much Medicare pays and how much is paid by United Healthcare?

Medicare generally pays 80% of the approved amount for covered services after you pay the applicable annual deductible. For additional information regarding Medicare coverage, you can contact Medicare at 1-800-MEDICARE.

If you are enrolled in Medicare, United Healthcare will first apply our plan's annual deductible to this amount, and then any covered expenses above the deductible are reimbursed at 80%, leaving a balance of 20% to be paid by the retiree.

6. How is my Medicare coverage affected if I have coverage of my own with another employer?

When a retiree becomes eligible for Medicare, coverage with another employer is primary to the Medicare coverage.

7. Is Express Scripts coverage mandatory?

After a retiree enrolls in Medicare, PA Benefits must receive a copy of the retiree's Medicare enrollment card. A retiree will then be enrolled in the Port Authority Retiree Prescription Drug Plan through Express Scripts (ESI), unless you provide Employee Benefits with written notification that you do not want prescription drug coverage through the Port Authority.

8. How does my medical insurance work if I need medical services in a foreign country?

While traveling outside of the United States, claims should be submitted directly to UHC for consideration. The plan will consider such charges based upon the out-of-network benefit provisions. Contact Member Services (number located on the back of your UHC ID card) for claim forms and instructions on how to file claims outside of the United States.

9. Will my coverage continue if I decide to live permanently in a foreign country?

If you are permanently living in a foreign country, you will be covered under the United Healthcare out-of-network (Indemnity) plan.

10. Please explain "Incapacitated coverage for handicapped children."

Prior to becoming incapacitated, the child must have been covered as an eligible dependent under the plan and meet the following conditions. (1) the child is mentally or physically incapacitated; (2) the child is not capable of self-support; and the child depends on you for support.

11. Will I be required to accept Medicare coverage if I become disabled and am not yet 65?

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Yes, if you are receiving Social Security Disability Insurance (SSDI) benefits for at least 24 months, you will be required to enroll in Medicare earlier than age 65.

12. Who does my family notify at my death?

Employee Benefits (health/dental) - (212) 435-2870
Prudential Insurance Company of America (life insurance) – (800) 778-3827
New York State and Local Retirement System (pension) – (866) 805-0990

13. Does my health coverage continue for my spouse after my death?

Yes, as long he/she remains unmarried.

14. Can I add a new spouse to my benefits coverage as a retiree?

You can add or remove eligible dependents from your coverage by completing an Employee Personal Status Change Form (PA 2298) and returning it to Employee Benefits within thirty (30) days of a change in family status. However, you will be required to provide applicable legal documentation (e.g., state marriage certificate, divorce decree, birth certificate for children, etc.)

15. When does the \$5 co-pay plan end?

The \$5 co-pay plan ends when you retire after age 65, or have been receiving Social Security Disability Insurance (SSDI) for 24 months, and Medicare becomes your primary payer.

16. How do I find out which doctors are in the PPO plan and will accept the \$5 co-pay?

You can obtain a network provider directory by contacting UHC at 1-877-259-1391 or by checking their website on www.myuhc.com.

17. In addition to the Medicare Part B premium, I also pay a premium towards Part D for prescription drug coverage. Why am I required to pay Part D premiums?

Although Port Authority retirees do not always share in the premium of their Port Authority sponsored retiree health benefits (cost of Port Authority retiree group coverage), if you have a higher income, you may have to pay an amount each month directly to the government for your Medicare prescription drug coverage. For more information on how Medicare determines the payment requirements, see Medicare's publication:

<https://www.medicare.gov/sites/default/files/2018-07/11579-medicare-costs.pdf>

18. Will the Port Authority reimburse the Part D premiums annually if I am eligible for Part B premium reimbursements?

No; only Medicare Part B premiums are reimbursed to retirees and spouses who meet Port Authority eligibility criteria, based on specific bargaining unit membership and retirement date. Part D premiums incurred due to higher incomes will not be reimbursed by the Port Authority. (call Benefits Service line at (212) 435-2870 to inquire about your reimbursement eligibility.)